REQUEST	. AUTHOR	IZATI	ON.	AGRI	FEMENT		and sub	mittir	agency sub ng office num -xx-xxxx)	element nber	01	B. OF	FICE USE O	NLY			
	ERTIFICA												quest status				02
												Ir R	nitial or lesubmissio	on	Cor	rection of cellation	r ۱
>					Section A T	RAI	NEE INFO	OR1	MATION								≺
1. Applicant's name (Last-	First-Middle Initial))			Enter first 5 letters of	03	2. Social Se	ecuri	ty Number		04	3. Date	e of birth (Ye	ear and m	onth)		05
					last name										j	Example - I lanuary 14, shown as 4	, 1943
4. Home Address (Number	r, street, city, State	, ZIP code	e)				5. Home te	lepho	one			6. Posi	ition level (M	fark (X) o		snown as 4	3/01)
							Area code	Nu	umber			а	. Non-super	visory	c. N	lanager	
													. Supervisor	ry	d. E	xecutive	
7. Organization mailing ad	dress (Branch-Div	rision/Offic	ce/Burea	au/Agend	cy)		8. Office tel	<u> </u>				civili	tinuous an service		IO. Num	ber of pri	or ent
							Area code	¦ Nu	umber	Extension	on	Yea	irs Mo	onths	trainir	overnme ng days	
11a. Position title/function				11h A	pplicant handi-		42 Day pla	1 / 2	i /d	/ atan		13. Tvr	ne of appoint	tment 1	I4. Educa	ation Lev	el el
Train somer magnaneum				C	apped or disabled See instructions)		12. Pay pia	in / S	eries / grade	: / step			о от арропп				0.
>					Section B T	RAIN	NING COL	JRS	SE DATA								<
15a. Name and mailing ad	Idress of training v	endor (No	o., stree	t, city, Sta	ate, ZIP code)		15b. Locati	ion o	f training site	e (if same,	mark	box) _		>			
16. Course title and training	g objectives (Bene	efits to be	derived	by the G	Government)												
	18. Training Per	ind (6 dia	vito)	06 1	9. No. of course ho	ouro (1 digital	07	20. Trainin	a codos (Soo ir	etruction	ne)				
17. Catalog / Course No.	16. Training Fer	Year	Month	-		Juis (4	uigits)	07	ZU. Hallill	ig codes (366 11		115)			Code	_
	a. Start	100.	W.O.L.		During duty Non-duty				d. Purpose			Code	08 c. Sour	rco		Code	10
	b. Complete				. TOTAL				b. Type		-	09 d. Special intere		et		11	
AGENCY USE ONLY	b. Complete				TOTAL				b. Type				03 u. Spec	ciai iiileie	31		
➤ Section C ES	STIMATED COS	STS ANI	n Bii i	ING INI	FORMATION	<	>			Section	n D .	A DDI	ROVALS				⋖
21. Direct costs and appro			D BILL	ING INI	PORMATION	_	_	diate	supervisor			- AFFI	Area code/	/Tel. No./E	Extension	n	_
	Amount						1		·								
Item	Dollars	Cents	s	Appro	opriation / fund												
a. Tuition	\$						b. Signatur	e							Date		
b. Books or materials																	
c. Other (Specify)							27a. Secon	nd-lin	e supervisor	Name a	nd title	9	Area code/	/Tel. No./E	Extension	า	
d. (Enter 4 digits in dollar column)	+						b. Signatur								Date		
22. Indirect costs and appr	sponsor of the state of the sta	argeable					b. Olgilatui	C							Duic		
ZZ. manost sosts and appr	Amoun						28a. Trainir	na off	ficerName	and title			Area code/	/Tel. No./E	Extension	า	
Item	Dollars	Cents	s	Appro	opriation / fund			3									
a. Travel	\$						†										
b. Per diem							b. Signatur	e							Date		
c. Other (Specify)																	
							>		Section	ı E AP	PRO	VAL/C	ONCURR	ENCE			<
d. (Enter 4 digits in dollar column)		'					29a. Autho	rizing	official-Nan	ne and title	9		Area code/	Tel. No./E	Extension	า	
TOTAL >	\$																
23. Document/Purchase O	order/Requisition N	lo.															
							b. Signatur	е					Appro	oved	Date		
24. 8-Digit station symbol							_						<u> </u>	pproved			
(Example12-34-5678)))	- L					>				CATI	ON OF	TRAINING				◀
25. BILLING INSTRUCTION	ONS (Furnish invoi	ice to):					30a. Certify	/ing c	official-Name	and title			Area code/	rel. No./E	xtension	า	
							b. Signatur							-	Date		
							J. Oignatur	J							Jule		
TRAINING FACILI	TV > Pillo -	hould L	0 5054	to offi	ce indicated in i	itom	25 • Bi-	200	refer to -	umbor	ilver	in ita-	n 23 to oo	euro pa	omnt r	avmont	
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REQUEST	, AUTHOR	IZATI	ON.	AGRE	EEMEN	ΙΤ		A. Agency, c and subm (Example	nitting	g officé num		B. OF	FICE U	SE ONLY				
	ERTIFICA											C. Re	C. Request status (Mark (X) one) 02					
												li F	nitial or Resubm	iission	Co Ca	rrectio incellat	n or tion	
>					Section .	A TF	RAIN	IEE INFO	RM	IATION							<	
1. Applicant's name (Last-	First-Middle Initial)	1			Enter firs 5 letters	of L	03	2. Social Se	curit	y Number	04	3. Date	e of birth	n (Year and	month)		05	
					last nam	e										January	le - born / 14, 1943 as 43/01)	
4. Home Address (Number	r, street, city, State	, ZIP code	e)				_ L	5. Home tele				6. Pos	ition lev	el (Mark (X)	one only)		
								Area code	¦ Nu	mber		a	. Non-s	upervisory	C.	Manag	er	
7. Organization mailing ad	drage (Propoh Div	inion/Offic	o /Puro	au/Agana	44)			• • • • • • • • • • • • • • • • • • • •					. Super			Execut		
7. Organization mailing au	uless (bialicii-biv	ision/Onic	e/Durea	au/Agenc	у)			8. Office tele		ne mber	Extension	civil	ian serv	rice Months		nber of -goverr ning da	nment	
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11a. Position title/function				C	pplicant ha	sabled		12. Pay plar	n / se	eries / grade	/ step	13. Ty	pe of ap	pointment	14. Edu	cation I	Level	
>				+	See instruct		ΔIN	ING COU	IRS	F DATA							-	
15a. Name and mailing ad	Idress of training v	endor (No	o., stree								(if same, ma	rk box)		—				
16. Course title and training	ig objectives (Bene	efits to be	derived	by the G	overnment,)												
	40 Training Day	in al /C alias	ita)	00 4	0 No. of co	aa ba.	/4	elierite)	07	20 Trainin	g codes (See	inatruatio	no.l					
17. Catalog/ Course No.	18. Training Per	Year	Month		9. No. of co During dut		115 (4	aigits)	07	20. Hailin	y codes (See	Code	115)			Co	de	
	a. Start			- "	. Non-duty	.y	-			d. Purpose		Code	08 c.	Source		00	10	
	b. Complete				. TOTAL	>	-			b. Type			_	Special inte	rest		11	
	Sect	ion C -	- TER	MINAT	ION AN	D EVA	LUA	ATION DA	TΑ	(To be c	ompleted	by Tra	inee)		4			
21. Course was completed	i		22. Ac	ctual cour	se dates (N	fonth/day	//year)		23	Actual cours	e hours		24. Acade	emic grad	e/score)	
a. Yes				mmenced				npleted	1		Duty	b. Non-	duty					
l D.	urn this form with a g circumstances	a memo	Mor	nth L	Day Ye	ear	Mont	h Day		Year								
25. All sessions were atter	nded																	
a. Yes																		
b. NoExpla	ain																	
					S OF EV										Ra	ting		
	e (X) in appropriat	e column	to indic	ate your e	evaluation o	of items 2	26 thro	ough 37. Do	not a	attempt to sp	olit a rating)			A	- -	В	С	
26. Stated objective accomplished		Yes				* Pai				C = No						\dashv		
Coverage of subject matter Organization of		Exce				* Suf				C = Po						\dashv		
subject matter		Well		zed		- Ade					orly organ	nized				\rightarrow		
Suitability of instructional materials Level of difficulty	•	Exce				* Ade				C : Po						\rightarrow		
31. Length of course		Too a		ced		- App					o element	ary				\rightarrow		
32. Amount of outside		Toolo				- App				C = To						\rightarrow		
or evening work 33. Effectiveness		Toon				- App		riate			sufficient					\rightarrow		
of instructors		Exce				- Go				C = Po						\dashv		
Applicability of subject matter to the job Facilities		Signit				* Ade		ite			significant					\dashv		
35. Facilities		Exce				- Go				C = Po						\dashv		
36. Recommendation to colleagues		Highl	y reco	mmen		- Re		mend			t recomm					\dashv		
37. Meet career development plans	A =	Yes			В	- No				C · No	t applicat	ole						

	ND EVALUATION DAT	TA (To be completed by Trainee) Continued	
38. Comments on strong points of course			
39. Comments on weak points of course			
40. What were your objectives in taking this course? Were they met?			
41. Do you recommend this program for others? If so, whom?			
42. Additional comments			
43. Signature of trainee			Date
			Date
Section D SUPERVISORY CO	DMMENTS (To be con	npleted by employee's immediate supervisor)	Date
Section D SUPERVISORY CO 44. Have you discussed this course and its			Date
Section D SUPERVISORY CO 44. Have you discussed this course and its application to the job with this employee? a.	DMMENTS (To be con	npleted by employee's immediate supervisor)	Date
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